

Abnormal bleeding

Your GP has referred you to the gynaecologist because you are experiencing abnormal bleeding. It is important that you understand what your complaint entails and that you are properly aware of the further tests and/or treatments for abnormal vaginal bleeding. This brochure provides information about the tests and treatments for abnormal vaginal bleeding at Máxima MC, Veldhoven location. It also describes the schedule from the moment of referral by your GP to the last outpatient check-up.

The schedule has been designed to allow all necessary tests and treatments to be conducted in a short time frame in most cases.

Preparation for examination

We recommend taking a painkiller one hour before the examination, preferably an NSAID, such as two Aleve 220 or 275 mg tablets, or two Naproxen 220 or 275 mg tablets, or one ibuprofen 400 mg tablet. These drugs can be purchased at the pharmacy or chemist.

In the case of an allergy or contraindication for these painkillers, you can take two paracetamol 500 mg tablets.

You can also pick up one Naproxen 500 mg tablet at the gynaecology outpatient clinic, route 001, one hour before the examination.

Gynaecological examination

The gynaecologist will first conduct an intake interview with you in the consultation room next to the treatment room to assess your complaint and medical history. The examination will then take place in the treatment room, see photo.

The goal of the examination is to determine the cause of the bleeding. An internal vaginal examination is carried out to determine the size of the uterus. It is important to acquire information about the inside of the uterus.

The information in this brochure is general in nature and is intended to give you an idea of the care and guidance you can expect. In your own situation, other advice or procedures may apply. This brochure is therefore only an addition to the specific (verbal) information from your specialist or practitioner.



The outpatient operating room in Veldhoven

- First, an internal examination is carried out with a speculum.
- It is followed by an ultrasound scan (almost always internal). An ultrasound scan is a medical test that uses high-frequency sound waves. The scan can be performed through the abdominal wall or the vagina. If the uterus is not too large, a vaginal ultrasound scan will provide the best information about any abnormalities in the uterus or ovaries. In the case of abnormal bleeding, it is very important to get an impression of the inside of the uterus.
- The results of the ultrasound will determine what happens next. If the womb lining (the endometrium) is thickened, we will continue with the examinations. If not, the gynaecologist will probably be able to put your mind at ease at this stage. The next test could be an SIS or hysteroscopy.

SIS ultrasound

An SIS ultrasound, or saline-infusion sonography, is a more extensive internal ultrasound and can be carried out immediately.

A speculum is inserted into the vagina to reveal the cervix. A thin tube is inserted into the uterus. The speculum is then removed. A warm saline solution is gently pumped through the tube into the uterine cavity. Using an ultrasound, we can then see if there is a fibroid or polyp in the uterine cavity. In some cases, a biopsy (a tissue sample) may be taken from the uterine wall immediately. The sample is sent to the laboratory for further testing.

SIS ultrasound side-effects

You may experience menstrual abdominal pain during the examination, especially during the injection of the fluid and the biopsy. You may experience vaginal bleeding for one day after the examination.

Instead of the SIS, we can also perform a hysteroscopy straight away. If the SIS ultrasound reveals that you have a small polyp or fibroid, you will also be eligible for a hysteroscopy.

Hysteroscopy

A hysteroscopy is an examination which uses a thin viewing tube to look into the uterus. If a small polyp is discovered, it can be removed immediately during the hysteroscopic examination. The procedure can usually be carried out without anaesthetic, and you can watch along on the monitor. It may sound drastic, but it is usually not bad at all.

What happens during a hysteroscopy?

You will be seated in a gynaecological chair, the same as during the routine gynaecological examination. The hysteroscope will be used to look inside the vagina and locate the cervix. The hysteroscope will usually slide easily through the cervix. In some cases, anaesthetic may be necessary if the cervix is very tight.

The doctor will insert the hysteroscope through the cervical canal and into the uterine cavity. The front and back walls of the uterus are touching. The doctor will pump warm fluid through the hysteroscope into the uterus to get a better view. The expansion of the uterine cavity can cause menstrual pain. Fine surgical instruments can be passed along or through the hysteroscope to perform small procedures. This could include: removal of an IUD, polyp or adhesion. A small tissue sample can also be removed from the womb lining for further testing. This is known as an endometrial biopsy.

A hysteroscopy can help to quickly identify the cause of your complaint and, in some cases, even carry out minor treatment.

After the procedure

You may experience some bleeding for a few days after the procedure. If you experience a lot of abdominal pain, fever or heavy bleeding, please contact the gynaecology outpatient clinic on (040) 888 83 80 during office hours, or (040) 888 95 51 out of office hours.

If the hysteroscopy shows that the abnormalities are a little too large, you are eligible for a hysteroscopy in the sedation room. Follow-up appointments will be made for the Pre Operative Screening (POS) Department with regard to the sedation and to set the admission date.

If the hysteroscopy shows no abnormalities, we can immediately assess the possible treatments with you. If you suffer from severe menstruation and there are no abnormalities on the inside of the uterus, there are several options:

1. Medicine

2. Mirena coil
 3. NovaSure or balloon therapy
- We can provide information about these options.

It has been agreed with health insurers that this extensive examination and any treatment will be invoiced as an outpatient procedure.

Heavy bleeding

Heavy bleeding can mean something different to every woman. Some women consider bleeding to be heavy if it is more than they are used to. Others call it heavy because they need more tampons or sanitary pads, leak through and need to change often.

There is no exact definition of heavy bleeding. Loss of clots (thick chunks) and anemia are usually considered characteristics of heavy bleeding.

Your symptoms determine whether heavy bleeding is reason for further examination and possible treatment. Only you can decide if this is necessary. Heavy bleeding is annoying, but usually harmless. Treatment is often recommended only in the case of anemia.

Some women experience heavy menstrual bleeding from a young age. They often don't know anything else and have learned to live with it. For many women, the complaint arises when they are thirty or forty, sometimes after they stop taking the pill.

Heavy bleeding has various causes, each requiring a different approach. An estimated ten to fifteen per cent of women suffer from it and seek medical help.

Causes

The amount of menstrual blood depends on the thickness of womb lining (endometrium). The build-up of this mucous membrane is caused by hormones produced in the ovary. When the hormone levels drop, the mucous membrane is shed. This causes bleeding: the menstruation. As a woman approaches menopause, hormone production becomes irregular, sometimes resulting in the build-up of a lot of mucous membrane which, when shed, causes a lot of bleeding. When you are on the pill, you don't build up a lot of mucous membrane; there is less bleeding than during a natural menstruation.

Hormones and mucous membrane build-up are not the only things that influence the level of bleeding; the uterus itself also plays a role.

The uterus, which is the shape and size of a pear, consists of a muscle wall. The inside of the wall is the uterine cavity. The muscle wall is covered by the mucous membrane. The walls are touching, so there is no real cavity, essentially. Changes in the shape of the "cavity", such as in the case of a polyp or fibroid can cause excessive bleeding. A uterus with many large fibroids can cause heavy bleeding, as can adenomyosis and endometriosis. These are abnormalities in which the mucous membrane covering the uterine cavity is also present in the wall of the uterus or outside the uterus. With endometriosis, painful menstruation is often the main symptom.

Occasionally, it may be caused by blood clotting abnormalities or medication that affects blood clotting. A copper coil can also increase bleeding. In sixty per cent of women, a clear explanation for the heavy bleeding is never found.

Causes of bleeding after menopause

If you have not menstruated for a year due to menopause and suddenly begin bleeding again, it may be reason for your doctor to refer you to the hospital. The goal is to identify the cause of the bleeding. The most obvious causes are:

- A thin and fragile mucous membrane in the vagina or inside the uterus. This is caused by the lack of female hormones because you are in menopause.
- You may have a polyp inside the uterus.
- You may have a fibroid inside the uterus which is causing the bleeding.
- You may have a malignancy inside the uterus.

All of these causes can be easily detected by taking a biopsy from the inside of the uterus. This is done with an SIS ultrasound or a hysteroscopy.

Causes of breakthrough/irregular bleeding

The cause of irregular or breakthrough bleeding is not always easy to find. It is usually caused by an imbalance in female hormones. It can also be caused by hormones you are taking, such as the pill.

Another cause of breakthrough bleeding is something inside the uterine cavity, such as a polyp or a fibroid. The SIS ultrasound and hysteroscopy make examining the uterine cavity very easy.

Source: Dutch Association for Obstetrics and Gynaecology